

2/25/2015 10:45:57 From: To: 8506176380

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
THE CORPORATE EXECUTIVE BOARD COMPANY**

Certificate of Status	0
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CORPORATE EXECUTIVE BOARD COMPANY
Name of Corporation

DOCUMENT NUMBER: F10000003229

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Judith Cowan

Name of Contact Person

Firm/Company

The Pavillion, 1 Anwell Place

Address

Thames Ditton Surrey, KT7 0NE GB

City/State and Zip Code

legalsupport@shl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE CORPORATE EXECUTIVE BOARD COMPANY
2. The principal office address: _____
1919 NORTH LYNN STREET ARLINGTON, VA 22209
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/15/2010 Document number: F10000003229
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC. I200 South Pine Island RoadPlantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation Systemc/o C T Corporation System, 1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Pamela AuerbachSignature of an officer or directorPamela AuerbachPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Signature of Registered Agent02/16/2015Date

If signing on behalf of an entity:

Jordan Brown Jordan Brown, Assistant Secretary
CT Corporation System

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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